

FORMULARY NOTIFICATION
Health Services Department
Lincoln Public Schools • Lincoln, Nebraska

Date: _____

Dear Parent/Guardians;

Your student was in the health office today. They requested Tylenol/Ibuprofen.

(Circle which one)

Your student received Tylenol/Ibuprofen at _____ for _____.

Your student was not able to take Tylenol/Ibuprofen due to the following reason;

- The Health Office does not have a signed parent permission form to give the medication.
(Form is being sent home with your student)
- Your student has exceeded the monthly or weekly limit for Tylenol/Ibuprofen.
(Please refer to their healthcare provider for recommendations)
- Your student did not meet the set criteria for Tylenol/Ibuprofen at school, Tylenol or ibuprofen is not recommended. (Please refer to their healthcare provider for recommendations)

Check all that apply-

- Pain had just started, alternate treatments were recommended
- Student had not eaten, alternate treatments were recommended
- Student reports pain medication or medication containing Tylenol/Ibuprofen was already taken today.
- Student takes a daily medication that is contraindicated with Tylenol or Ibuprofen.
- Student reports a stomachache, alternate treatment recommended
- Student reports a head injury within the last 24hrs.
- Other _____

Health Office Staff

Phone Number